vation of a patient's response to the medical program for toxic megacolon. The decision to operate or persevere in medical management should be based on the response to therapy rather than an arbitrary time limit.

Frequent clinical and x-ray evaluations of the colonic dilatation, leukocyte counts and vital signs enable a clinician to monitor response to therapy. If within 24 to 48 hours no improvement is noted (that is, decreasing diameter of the dilated colon, reduction in fever and reduction in the leukocyte count and tachycardia) colectomy is indicated. If the colon continues to dilate, in spite of adequate medical management including nasogastric decompression, colectomy should be carried out as soon as possible.

The morbidity and mortality of fulminant ulcerative colitis and toxic megacolon remain excessively high.[2] Recognition of the importance of early diagnosis of the fulminant disease, of the various factors which contribute to megacolon, and of the necessity for effective and appropriate therapy should help to improve this.

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Regulating Acupuncture in Nevada

ELSEWHERE in this issue of the JOURNAL, Dr. William Edwards has presented a report on the current status of acupuncture and Oriental medicine in the state of Nevada. The article well describes what progress has been made since an earlier article appeared in these pages in June 1974.

Acupuncture in Nevada has not turned out to be the pot of gold that was envisioned by its strongest proponents, those who played a major part in getting the necessary legislation quickly passed by the Nevada State Legislature. Acupuncture is far from emulating the historic mother lode in silver and gold strikes of Virginia City, or the modern gambling take of "Glitter Gulch" in Las Vegas.

As patients found that acupuncture was not the panacea it had been loudly proclaimed to be in the lobbying, and that its cost was far from modest, the rush quickly tapered off. Also, it soon became evident that complications such as accidental pneumothorax, hematomas and persistently painful puncture wounds really happened.

It is to the credit of our governor and the Board of Oriental Medicine appointed by him that both have acted responsibly to prevent the development of a real racket. This might have occurred even without violation of the loose and incomplete law that the Legislature rushed through. There are several possible loopholes and faults in the law that the Legislature has not corrected, but the appointed Board of Oriental Medicine has formulated rules so that these could not be exploited. A less conscientious board might well have permitted a great deal of public exploitation for private gain.

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Manpower Necessary to Perform Quality Echocardiography

IN THE current issue of the JOURNAL there is an excellent review of the uses of echocardiography in congenital heart disease by Drs. Moss, Gussoni and Isabel-Jones. Echocardiography, which is the use of ultrasound to record the location and motion of cardiac structures in a noninvasive manner, is playing an increasingly important role in the diagnosis of various heart diseases. As indicated in this article, one of the major uses for this diagnostic tool is in the management of patients with congenital heart disease. While reading this article, I was impressed with the amount of technical detail mentioned by the authors. It seemed as though they were constantly reminding the reader of possible technical difficulties and of the care with which the examination had to be carried out. These comments are not only pertinent and important but I would like to enlarge on them.

Echocardiography is frequently described as simple. As far as the patient is concerned, this may be true. There is virtually no discomfort for the patient, and as best we can determine there is absolutely no hazard from the examination. On